

## EXAMPLE 3 SUMMARY

# **NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT**

XZW INCORPORATED  
ACCOUNTS RECEIVABLE DEPT  
P O BOX 1111  
ANYWHERE NC 22222

PROVIDER NUMBER 89XXXXX				REPORT SEQ. NUMBER 17				DATE 12/06/1999		PAGE 4		
NAME	SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID	FROM	TO										
	MM	DD	CCYY	MM	DD	CCYY						
<b>CLAIMS PAYMENT SUMMARY</b>												
	<b>CLAIMS PAID</b>	<b>A PAID CLAIMS AMOUNT</b>	<b>B WITHHELD AMOUNT(*)</b>	<b>C NET PAY AMOUNT (A-B)</b>	<b>D CREDIT AMOUNT</b>	<b>E NET 1099 AMOUNT (C-D)</b>	<b>F IRS WITHHELD AMOUNT</b>	<b>G POS &amp; EDI</b>	<b>H OTHER W/H</b>	<b>I ADJUSTED (NET PAY (C-F-G-H)</b>		
CURRENT PROCESSED	0	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
YEAR-TO-DATE TOTAL	2585	357000.00	11850.00	345150.00	5285.00	339865.00	.00	.00	.00	.00	.00	339865.00
1099 INFORMATION 1099 - THIS INFORMATION IF BEING FURNISHED TO THE INTERNAL REVENUE SERVICE												
PROVIDER TAX ID: 56-555555 PROVIDER TAX NAME: XZW INCORPORATED												
PAYER ID: ELECTRONIC DATA SYSTEMS CORPORATION, PO BOX 30968 RALEIGH, NC 27622 #75-2548211												
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:												
EDS PO BOX 300009 RALEIGH, NORTH CAROLINA 27622												
CLIA - NONE ASSIGNED UPIN - NONE ASSIGNED												
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED THROUGHOUT THE REPORT												
112 CHECK AMOUNT REDUCED BY RECOUPMENT AMOUNT												
2254 ONE-TIME PENALTY ADJUSTMENT ASSESSED SYSTEMATICALLY. ASSESSMENT OF 10% FOR AGED (>30 DAYS) BALANCE DUE (PRINCIPAL ONLY)												
2256 INTEREST ASSESSMENT SYSTEMATICALLY ON ADJUSTMENT OF 9% ANNUALLY FOR AGED (>30 DAYS) BALANCE DUE (PRINCIPAL, PENALTY & INTEREST)												
*****												
* SPECIAL NOTE: IF YOUR REMITTANCE ADVICE IS TEN PAGES OR MORE AND YOU ARE DUE A PAPER CHECK FOR CLAIMS REIMBURSEMENT, YOUR												
* CHECK WILL BE MAILED IN A SEPARATE ENVELOPE.												
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NOTE: Underlined items are fields that were expanded in order to become Y2K compliant